

## SECTION A: SEAT BELTS

1.How often do you use seat belts when you drive or ride a car?

|                             |                               |   |
|-----------------------------|-------------------------------|---|
| Do not read these responses | Would you say: Always.....    | 1 |
|                             | Nearly always.....            | 2 |
|                             | Sometimes.....                | 3 |
|                             | Seldom .....                  | 4 |
|                             | Or Never .....                | 5 |
|                             | -----                         |   |
|                             | Don't know/Not sure.....      | 7 |
|                             | Never drive/ride in a car.... | 8 |
|                             | Refused.....                  | 9 |

## SECTION B: HYPERTENSION

These next questions are about hypertension or high blood pressure.

2.Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure?

(PROBE FOR DOCTOR, NURSE OR OTHER HEALTH PROFESSIONAL.)

|                          |  |   |
|--------------------------|--|---|
| Skip to Section C ←----- | No.....                                | 1 |
|                          | Yes, by doctor.....                    | 2 |
|                          | Yes, by nurse.....                     | 3 |
|                          | Yes, by other health professional..... | 4 |
|                          | Don't know/Not sure.....               | 7 |
| Skip to Section C <----- | Refused .....                          | 9 |

3. Have you been told on more than one occasion that your blood pressure was high, or have you been told this only once?

|                           |   |
|---------------------------|---|
| More than once .....      | 1 |
| Only once .....           | 2 |
| Don't know/Not sure ..... | 7 |
| Refused .....             | 9 |

4. Is any medicine currently prescribed for your high blood pressure?

|                   |                          |   |
|-------------------|--------------------------|---|
| Go to Q.6, <----- | Yes.....                 | 1 |
|                   | No.....                  | 2 |
|                   | Don't know/Not sure..... | 7 |
|                   | Refused .....            | 9 |

5. Are you currently taking medicine for your high blood pressure?

(PROBE FOR “ALL OR MOST OF THE TIME” OR “ONLY OCCASIONALLY,” IF NECESSARY. IF ANSWER IS “YES,” USE “YES, ALL OR MOST OF THE TIME.”)

Yes, all or most of the time...1  
Yes, occasionally.....2  
No .....3  
Don't know/Not sure .....7  
Refused.....9

6. As far as you know, is your blood pressure presently normal – or under control – or is it still high?

(NOTE: NORMAL OR UNDER CONTROL INCLUDES “RETURNED TO NORMAL” AND “NO LONGER HAVE HIGH BLOOD PRESSURE.”)

Normal .....1  
Under control..... 2  
Still high..... 3  
Don't know/Not sure.....7  
Refused .....9

### SECTION C: EXERCISE

The next few questions are about exercise, recreation, or physical activities other than your regular job duties.

7. During the past month, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?

Yes...(Go to Q.10).....1  
No..... 2  
Don't know/Not sure..... 7  
Refused..... 9

8. What type of physical activity or exercise did you spend the most time doing during the past month?

|  |
|--|
| OFFICE ONLY<br>See coding list A--Activity |
|--|

Activity..... 99  
Refused..... 99

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ASK Q.9 ONLY IF ANSWER TO Q.8 IS RUNNING, JOGGING, WALKING OR SWIMMING, ALL OTHERS GO TO Q.10

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9. How far do you usually walk/run/jog/swim?

See coding List B if  
answer not in miles and  
tenths

Miles and Tenths .....     -  
Don't Know/Not Sure.....777 -  
Refused.....999

10. How many times per week or per month did you take part in this activity during the past month?

Times per week.....1 \_ \_  
Or  
Times per month.....2 \_ \_  
  
Don't know/Not sure.....777  
Refused.....999

11. And when you took part in this activity for how many minutes or hours did you usually keep at it?

Hours & Minutes.....: \_ \_  
Don't know/Not sure.....777  
Refused.....999

12. Was there another physical activity or exercise that you participated in during the last month?

Yes.....1  
No.....2  
(Go to Section D) ← ----- Don't know/Not sure.....7  
Refused.....9

13. What other type of physical activity gave you the next most exercise during the past month?

OFFICE ONLY  
See coding list A--Activity

Activity..... \_ \_  
Don't know/Not Sure.....77 (Go to Section D)  
Refused.....99

Ask question 14 only if answer to Q13 is running, jogging, walking or swimming. All others go to Q15

14. How far do you usually walk, jog, run or swim?

See coding List B if  
answer not in miles and  
tenths

Miles and Tenths ..... \_ \_ . \_ -  
Don't Know/Not Sure.....777 -  
Refused.....999

15. How many times per week or per month did you take part in this activity?

Times per week.....1 \_ \_  
OR  
Times per month.....2 \_ \_  
  
Don't know/Not sure.....777  
Refused.....999

16. And when you took part in this activity for how many minutes or hours did you usually keep at it?

Hours & Minutes..... \_ : \_ -  
Don't know/Not sure.....777  
Refused.....999

#### SECTION D : WEIGHT CONTROL PRACTICES

Now I would like to ask you about some of the things you may be currently doing to try to lose weight, or keep from gaining weight.

17. Are you now trying to lose weight?

|                |                                 |
|----------------|---------------------------------|
|                | Yes.....1                       |
| (Go to Q.21) ← | No.....2                        |
| (Go to Q.28) ← | No, trying to gain weight.....3 |
|                | Don't know/Not sure.....7       |
| (Go to Q.21) ← | Refused.....9                   |

18.About how long ago did you begin your current to attempt to lose weight?

|                                   |   |   |   |
|-----------------------------------|---|---|---|
| Days.....                         | 1 | — | — |
| Weeks.....                        | 2 | — | — |
| Months.....                       | 3 | — | — |
| Years.....                        | 4 | — | — |
| Always trying to lose weight..... | 5 | 5 | 5 |
| Don't know/Not sure.....          | 7 | 7 | 7 |
| Refused.....                      | 9 | 9 | 9 |

19.About how much did you weigh when you began your current attempt to lose weight?

|                          |   |   |   |          |
|--------------------------|---|---|---|----------|
| Weight.....              | — | — | — | (POUNDS) |
| Don't know/Not sure..... | 7 | 7 | 7 |          |
| Refused.....             | 9 | 9 | 9 |          |

20.How much would you like to weigh?

|              |   |                          |   |   |   |          |
|--------------|---|--------------------------|---|---|---|----------|
| (Go to Q.22) | ← | Weight.....              | — | — | — | (POUNDS) |
|              |   | Don't know/Not sure..... | 7 | 7 | 7 |          |
|              |   | Refused.....             | 9 | 9 | 9 |          |

21.Are you now trying to maintain your current weight that is to keep from gaining weight?

|              |   |                          |   |
|--------------|---|--------------------------|---|
| (Go to Q.27) | ← | Yes...(Go to Q.10)....   | 1 |
|              |   | No.....                  | 2 |
|              |   | Don't know/Not sure..... | 7 |
|              |   | Refused.....             | 9 |

22.Are you eating fewer calories to lose weight, or to keep from gaining weight?

|              |   |                          |   |
|--------------|---|--------------------------|---|
| (Go to Q.25) | ← | Yes...(Go to Q.10)....   | 1 |
|              |   | No.....                  | 2 |
|              |   | Don't know/Not sure..... | 7 |
|              |   | Refused.....             | 9 |

23.Some people count calories. If you are counting calories, about how many calories are you eating per day?

|              |   |                           |   |   |   |   |
|--------------|---|---------------------------|---|---|---|---|
| (Go to Q.25) | ← | Record number of calories |   |   |   |   |
|              |   | Don't count calories..... | 7 | 7 | 7 | 7 |
|              |   | Refused.....              | 9 | 9 | 9 | 9 |

(Interviewer: If the respondent gives a number of 10000 or more then enter 9997)

24.About how long have you been eating this many calories per day?

|                          |   |     |
|--------------------------|---|-----|
| Days.....                | 1 | __  |
| Weeks.....               | 2 | __  |
| Months.....              | 3 | __  |
| Years.....               | 4 | __  |
| Don't know/Not Sure..... | 7 | 7 7 |
| Refused.....             | 9 | 9 9 |

25.Are you using physical activity or exercise to lose weight or to keep from gaining weight?

|                          |   |
|--------------------------|---|
| Yes...(Go to Q.10)....   | 1 |
| No.....                  | 2 |
| Don't know/Not sure..... | 7 |
| Refused.....             | 9 |

26.Are you now doing any of the following to lose weight or to keep from gaining weight?

|  | Yes | No | Dk/Ns | Ref |
|--|-----|----|-------|-----|
| Taking diet pills to decrease your appetite...   | 1   | 2  | 7     | 9   |
| Taking special products such as canned or powdered supplements .....                                       | 1   | 2  | 7     | 9   |
| Fasting for 24 hours or longer as part of your diet.....   | 1   | 2  | 7     | 9   |
| Participating in an organized weight control program (such as Weight Watchers, TOPS or Nutri-systems)..... | 1   | 2  | 7     | 9   |
| Causing yourself to vomit after you eat?.....  | 1   | 2  | 7     | 9   |

27.Have you been ever advised by a doctor or other health professional to reduce your weight?

(Interviewer: Probe for doctor, nurse or other health professional)

|  |   |
|--|---|
| Yes by a doctor.....                     | 1 |
| Yes by a nurse /Physician assistant..... | 2 |
| Yes by Nutritionist/Dietician.....       | 3 |
| Yes, Other health Professional.....      | 4 |
| No.....                                  | 5 |
| Don't know/Not sure.....                 | 7 |
| Refused.....                             | 9 |

28. Do you now consider yourself to be overweight, underweight or about average?

Overweight.....1  
Underweight.....2  
About average.....3  
Don't know/Not sure.....7  
Refused.....9

### **Section E: Tobacco Use**

29. Have you smoked at least hundred cigarettes in your life?

(100 cigarettes=5packs)      Yes.....1  
   No...(Go to Section F).....2  
   Don't know /Not sure.....8  
   Refused.....9

30. Do you smoke cigarettes now?

Yes.....1  
No...(Go to section F).....2  
Refused...(Go to Section F).....9

31. On an average how many cigarettes a day do you smoke now?

(1pack=20 cigarettes)      Number of cigarettes.....\_\_  
   Don't smoke regularly.....88  
   Refused.....99

32. Have you stopped smoking for a year or more sometime during the past year?

Yes.....1  
No.....2  
Refused.....9

### **Section F: Alcohol Consumption**

These next few questions are about the use of beer, wine ,wine coolers,cocktails or liquor such as vodka,gin ,rum or whiskey-all kinds of alcoholic beverages that people drink at meals, special occasions or when just relaxing.

33. Have you had any beer wine or liquor during the past month that is, since \_\_\_\_\_?

Yes.....1  
No...(Go to section G).....2  
Refused...(Go to Section G).....9

34. During the past month, how many days per week or per month did you drink any beer?

Days per week..... 1 \_ \_  
Or  
Days per month..... 2 \_ \_  
Don't know /Not sure (Go to Q.36). 7 7 7  
Refused....(Go to Q.36)..... 9 9 9

35. A drink is 1 can or bottle of beer, 1 glass of wine, 1 can or bottle of wine cooler, 1 cocktail, or 1 shot of liquor. On the days when you drank beer how many drinks did you drink on the average?

Number of drinks..... \_ \_  
Don't know/Not sure..... 77  
Refused.....99

36. Considering all types of alcoholic beverages, that is beer, wine, wine coolers, cocktails and liquor as drinks, how many times during the past month did you have 5 or more drinks on an occasion?

Number of times..... \_ \_  
None..... 88  
Don't Know/Not Sure..... 77  
Refused.....99

37. And during the past month, how many times have driven when you've had perhaps too much to drink?

Number of times..... \_ \_  
None..... 88  
Don't Know/Not Sure..... 77  
Refused.....99

### **Section G: Preventive Health Practices**

Some people visit a doctor for a routine checkup, even though they are not feeling well and have not been sick.

38. About how long has it been since you last visited a doctor for a routine checkup?

Was it: **Please read**

Within the past year..... (0 to 12 months).....1  
Within the past 2 years.....(13-24 months)....2  
Within the past 5 years.....(25-60 months)....3  
More than five years ago...(61+months).....4



|   |   |
|---|---|
| Don't know/Not sure.....(Go to Q.40)..... | 7 |
| Never.....(Go to Q.40).....               | 8 |
| Refused.....(Go to Q.40).....             | 9 |

39.What type of doctor did you see for your last routine checkup?

Was it: Please Read:

|                      |   |   |
|----------------------|---|---|
|                      | Family or General Practitioner.....                           | 1 |
|                      | Internist.....  | 2 |
|                      | Specialist such as heart, lung, or<br>stomach specialist..... | 3 |
|                      | Other.....  | 4 |
| (Ask for women only) |   |   |
|                      | Obstetrician/Gynecologist.....                                | 5 |
| (Do not Read) ←      | Don't know/Not sure.....                                      | 7 |
|                      | Refused.....  | 9 |

These next questions are about blood cholesterol, which is a fatty substance in the blood.

40.Have you ever had your blood cholesterol checked?

|                                       |   |
|---------------------------------------|---|
| Yes.....                              | 1 |
| No.... (Go to Q 47).....              | 2 |
| Don't know/Not sure (Go to Q.47)..... | 7 |
| Refused...(Go toQ.47).....            | 9 |

41.About how long has it been since you last had your blood cholesterol checked?

Was it: **Please read**

|   |   |
|---|---|
| Within the past year..... (0 to 12 months)..... | 1 |
| Within the past 2 years.....(13-24 months)....  | 2 |
| Within the past 5 years.....(25-60 months)....  | 3 |
| More than five years ago...(61+months).....     | 4 |
| Don't know/Not sure.....                        | 7 |
| Never.....                                      | 8 |
| Refused.....                                    | 9 |

42.Have you ever been told your blood cholesterol level, in numbers?

|   |   |
|---|---|
| Yes.....                                | 1 |
| No...(Go to Q.44).....                  | 2 |
| Don't know/Not sure...(Go to Q.44)..... | 7 |
| Refused ..(Go to Q.44).....             | 9 |

43. What is your blood cholesterol level?

|                          |    |    |    |
|--------------------------|----|----|----|
| Record the number.....   | __ | __ | __ |
| Don't know/Not sure..... | 7  | 7  | 7  |
| Refused.....             | 9  | 9  | 9  |

44. Have you ever been told by a doctor or other health professional that your blood cholesterol is high?

|                          |   |
|--------------------------|---|
| Yes.....                 | 1 |
| No.....                  | 2 |
| Don't know/Not sure..... | 7 |
| Refused.....             | 9 |

45. Are you now under the advice of a doctor to reduce your blood cholesterol or blood fat level?

|                     |                          |   |
|---------------------|--------------------------|---|
| (Go to Q.47)      ← | Yes.....                 | 1 |
|                     | No.....                  | 2 |
|                     | Don't know/Not sure..... | 7 |
|                     | Refused.....             | 9 |

46. Did the doctor:

46a. \_\_ \_ prescribe a medication to lower your blood cholesterol?

|                          |   |
|--------------------------|---|
| Yes.....                 | 1 |
| No.....                  | 2 |
| Don't know/Not sure..... | 7 |
| Refused.....             | 9 |

46b. \_\_ \_ provide you with a low fat or low cholesterol diet?

|                          |   |
|--------------------------|---|
| Yes.....                 | 1 |
| No.....                  | 2 |
| Don't know/Not sure..... | 7 |
| Refused.....             | 9 |

46c. \_\_ \_ refer you to a dietician, nutritionist or nurse to help you reduce the fat or cholesterol in your diet

|                          |   |
|--------------------------|---|
| Yes.....                 | 1 |
| No.....                  | 2 |
| Don't know/Not sure..... | 7 |
| Refused.....             | 9 |

47. Next I would like to ask you about diabetes, sometimes called sugar diabetes. Have you have been told by a doctor that you have diabetes?

|                          |   |
|--------------------------|---|
| Yes.....                 | 1 |
| No.....                  | 2 |
| Don't know/Not sure..... | 7 |
| Refused.....             | 9 |

### **Section H: Demographics**

And finally, these last few questions ask for a little more information about yourself.

48. How old were you on your last birthday?

|                               |    |
|-------------------------------|----|
| Code age in years.....        | __ |
| Do not remember/Not sure..... | 07 |
| Refused.....                  | 09 |

49. What is your race?

|                                       |   |
|---------------------------------------|---|
| White.....                            | 1 |
| Black.....                            | 2 |
| Asian or Pacific Islander.....        | 3 |
| Aleutian, Eskimo or American Indian.. | 4 |
| Other specify _____.....              | 5 |
| Don't Know/Not Sure.....              | 7 |
| Refused.....                          | 9 |

50. Are you of Hispanic origin such as Mexican, American, Latin American, Puerto Rican or Cuban?

|                           |   |
|---------------------------|---|
| Yes.....                  | 1 |
| No.....                   | 2 |
| Don't know /Not sure..... | 7 |
| Refused.....              | 9 |

51. What is the highest grade or year of school you completed?  
(Read only if necessary)

|  |   |
|--|---|
| Eighth grade or less.....                | 1 |
| Some high school.....                    | 2 |
| High school grad or GED certificate..... | 3 |

|                                       |   |
|---------------------------------------|---|
| Some technical school.....            | 4 |
| Technical school graduate.....        | 5 |
| Some college.....                     | 6 |
| College Graduate.....                 | 7 |
| Post Grad or Professional Degree..... | 8 |
| Refused.....                          | 9 |

52.Are you currently:

|   |   |
|---|---|
| Employed for wages.....                 | 1 |
| Self Employed.....                      | 2 |
| Out of work for more than one year..... | 3 |
| Out of work for less than one year..... | 4 |
| Homemaker.....                          | 5 |
| Student.....                            | 6 |
| Retired.....                            | 7 |
| Refused.....                            | 9 |

53.And are you

|                                    |   |
|------------------------------------|---|
| Married.....                       | 1 |
| Divorced.....                      | 2 |
| Widowed.....                       | 3 |
| Separated.....                     | 4 |
| Never been married.....            | 5 |
| Member of an unmarried couple..... | 6 |
| Refused.....                       | 9 |

54.Which of the following categories best describe your annual household income from all sources?

|                          |   |
|--------------------------|---|
| Less than \$10 000.....  | 1 |
| \$10 to \$15 000.....    | 2 |
| \$15 to \$20 000.....    | 3 |
| \$ 20 to \$25 000.....   | 4 |
| \$25 to \$35 000.....    | 5 |
| \$35 to \$50 000.....    | 6 |
| Over \$50000.....        | 8 |
| Don't Know/Not Sure..... | 7 |
| Refused.....             | 9 |

55.About how much do you weigh without shoes?

|                           |              |
|---------------------------|--------------|
| Weight.....               | ____(Pounds) |
| Don't know /Not sure..... | 777          |
| Refused.....              | 999          |

56.About how tall are you without shoes?

Height.....   ·     
Ft inches  
Don't know /Not sure.....777  
Refused.....999

57.INTERVIEWER: INDICATE SEX OF RESPONDENT  
(Ask if necessary)

Male.....1  
Female.....2

These next questions are about mammograms, which are x-ray tests of the breast to look for cancer.

58.Have you ever heard of a mammogram?

Yes.....1  
No.....(Go to Q.60.b).....2  
Don't know/Not sure...(Go to Q.63).....7  
Refused.....(Go to Q.63).....9

59.About how long has it been since you had your last mammogram?

Was it: **Please read**

Go to Q.61

← Within the past year..... (0 to 12 months).....1  
Within the past 2 years.....(13-24 months)....2  
Within the past 5 years.....(25-60 months)....3  
More than five years ago...(61+months).....4  
Don't know/Not sure.....7  
Refused.....9

60a. What is the most important reason you did not have a mammogram in the last year?

(Do not read list. Record only one answer)

Not recommended by doctor/Doc never said it was needed.....1  
Not needed/Not necessary.....2  
Never heard of mammogram.....3  
Cost.....4  
No insurance to pay for it.....5  
Other.....6  
Don't know/Not sure.....7  
Refused.....9

60.b What is the most important reason that you never had a mammogram?

(Do not read list. Record only one answer)

|   |   |
|---|---|
| Not recommended by doctor/Doc never said it was needed..... | 1 |
| Not needed/Not necessary.....                               | 2 |
| Never heard of mammogram.....                               | 3 |
| Cost.....   | 4 |
| No insurance to pay for it.....                             | 5 |
| Other.....  | 6 |
| Don't know/Not sure.....                                    | 7 |
| Refused.....  | 9 |

61. Was your last mammogram done as part of a routine checkup, because of a breast problem, or because you've already had a breast cancer?

|                          |   |
|--------------------------|---|
| Routine checkup.....     | 1 |
| Breast problem.....      | 2 |
| Had breast cancer.....   | 3 |
| Don't know/Not sure..... | 7 |
| Refused.....             | 9 |

62. Whose idea was it for you to have this last mammogram-was it your idea, your doctor's idea, or someone else's idea?

(Probe for the most influential. Record only one response)

|                          |   |
|--------------------------|---|
| Respondent's idea.....   | 1 |
| Doctor's idea.....       | 2 |
| Someone else's idea..... | 3 |
| Don't know/Not sure..... | 7 |
| Refused.....             | 9 |

Interviewer: Ask this question only to females between 18 and 45 otherwise Go to Q.65 below

63. To your knowledge, are you now pregnant?

|                    |                          |   |
|--------------------|--------------------------|---|
| (Go to module 1) ← | Yes.....                 | 1 |
|                    | No.....                  | 2 |
|                    | Don't know/Not sure..... | 7 |
|                    | Refused.....             | 9 |

64. During what month is your baby due?

Code Month

(Jan 01----Dec12)

Code month.....        
Don't know /Not sure.....        
Refused.....      

65. How many telephone numbers will reach this household including the number I used today?

(Differentiate between telephone numbers and telephone sets if necessary. Include all telephone numbers that can reach this household)

Total Telephone Numbers.....                   

### **Module 1: County of Residence**

1. What county do you live in?

County code.....        
Don't know/Not sure.....           
Refused.....         

### **Module 3: Cervical Cancer Screening**

Please note: Ask all females, otherwise go to next module

These next questions are about certain kinds of medical tests and examinations.

1. Have you ever heard of a Pap smear test?

(Go to next module) ← 

|                          |   |
|--------------------------|---|
| Yes.....                 | 1 |
| No.....                  | 2 |
| Don't know/Not sure..... | 7 |
| Refused.....             | 9 |

2. Have you ever had a PAP smear test?

(Go to next module) ← 

|                          |   |
|--------------------------|---|
| Yes.....                 | 1 |
| No.....                  | 2 |
| Don't know/Not sure..... | 7 |
| Refused.....             | 9 |

3. When did you have your last Pap smear?

Was it: Please read

|   |   |
|---|---|
| Within the past year..... (0 to 12 months)..... | 1 |
| Within the past 2 years.....(13-24 months)....  | 2 |
| Within the past 5 years.....(25-60 months)....  | 3 |
| More than five years ago...(61+months).....     | 4 |
| Don't know/Not sure.....(Go to Q.40).....       | 7 |
| Never.....(Go to Q.40).....                     | 8 |
| Refused.....(Go to Q.40).....                   | 9 |

4. Have you had a hysterectomy?

|                          |   |
|--------------------------|---|
| Yes.....                 | 1 |
| No.....                  | 2 |
| Don't know/Not Sure..... | 7 |
| Refused.....             | 9 |

1. Do you believe children are infected with AIDS virus should be kept out of school?

|                          |   |
|--------------------------|---|
| Yes.....                 | 1 |
| No.....                  | 2 |
| Don't know/Not Sure..... | 7 |
| Refused.....             | 9 |

2. Can a person become infected with the AIDS virus by working with AIDS virus by drinking from the same glass as an infected co-worker?

|                          |   |
|--------------------------|---|
| Yes.....                 | 1 |
| No.....                  | 2 |
| Don't know/Not Sure..... | 7 |
| Refused.....             | 9 |

3. Can a person become infected with the AIDS virus by working with AIDS virus by working from the same glass as an infected co-worker?

|                          |   |
|--------------------------|---|
| Yes.....                 | 1 |
| No.....                  | 2 |
| Don't know/Not Sure..... | 7 |
| Refused.....             | 9 |

4. Can a person become infected with the AIDS virus by donating blood?

|                          |   |
|--------------------------|---|
| Yes.....                 | 1 |
| No.....                  | 2 |
| Don't know/Not Sure..... | 7 |
| Refused.....             | 9 |



5.Do you think people who are infected with the AIDS virus should be banned from working jobs where they have casual contact with other people ?

Yes..... 1  
No.....2  
Don't know/Not Sure.....7  
Refused.....9

6.Would you say that a person who looks and feels perfectly healthy can be infected with AIDS virus?

Yes..... 1  
No.....2  
Don't know/Not Sure.....7  
Refused.....9

7.Do you think there are tests to detect infection with the AIDS virus?

Yes..... 1  
No.....2  
Don't know/Not Sure.....7  
Refused.....9

8.Do you think the AIDS virus can be passed on from an infected woman to a man during sex?

Yes..... 1  
No.....2  
Don't know/Not Sure.....7  
Refused.....9

9.Can a person lower his/her chances of becoming infected with the AIDS virus by having sex with only one person not infected with AIDS virus?

Yes..... 1  
No.....2  
Don't know/Not Sure.....7  
Refused.....9

10.Can a person lower his/her chances of becoming infected with AIDS virus by not having sex with a person who injects illegal drugs?

Yes..... 1

|                          |   |
|--------------------------|---|
| No.....                  | 2 |
| Don't know/Not Sure..... | 7 |
| Refused.....             | 9 |

## CHRONIC DISEASE PROFILE

The next questions are about conditions a doctor may have told you.

| Do you have:                                       | Yes | No |
|--|-----|----|
| Hardening of the arteries or arteriosclerosis..... | 1   | 2  |
| Coronary heart diseases.....                       | 1   | 2  |
| Stoke or cerebrovascular diseases.....             | 1   | 2  |
| Angina Pectoris.....                               | 1   | 2  |
| Myocardial Infraction.....                         | 1   | 2  |

## OCCUPATION AND INDUSTRY:

What is your usual occupation, that the job you have worked for the most of your life?

Specify \_\_\_\_\_ Code\_ \_ \_ \_ \_

What type of industry does this job involve?

Specify \_\_\_\_\_ Code\_ \_ \_ \_ \_

